IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 1823

Examiner: Scarlett Y. GOON

In re Application of: Yoshio KUMAZAWA

Application No.: 10/553,695

Facsimile. (202) 737-3528 Telephone: (202) 628-5197

riled:	August 7, 2006						W	ashington, D.C.						
For	For: COMPOSITION FOR KNT CELL ACTIVATION							Atty.'s Docket: KUMAZAWA=1						
							C	onfirmation No :	2023					
Customer Service Window, <u>Mail Stop Amendment</u> Honorable Commissioner for Patents U.S. Patent and Tademark Office Randolph Bulding, 401 Dulany Street Alexandria, vilipini 23314							Date: February 18, 2010							
Sir:														
[]	mitted herewith is an <u>Su</u> Small Entity Status: A No additional fee is red The fee has been calcu	pplicant(s) o	claim small entity st			in the :	above-ide	ntified application	on.					
	(Col. 1) (Col. 2) (Col. 3)					SMALL ENTITY				OTHER THAN SMALL ENTITY				
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA EQUALS		RATE		ADDITIONAL FEE	OR		RATE	ADDITIONAL FEE		
TOTA		MINUS	** 30	0	×	26	!			х.	50	\$		
INDE		MINUS	*** 2	0	X	110			_	×	220	s	_	
FIRST	PRESENTATION OF	MULTIPLE	DEP. CLAIM			195			_	+	390	\$		
				Δ.	ADDITIONAL	FEE TO	DTAL :	3	OR		TOTAL	\$	_	
[]	The "Highest Number Previously Paid For" (total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of disms originally filed. Conditional Petition for Extension of Time If any extension of time for a response is required, applicant requests that this be considered a petition therefor.													
	Small Entity					Other Than Small Entity								
	Response Filed Within				Response Filed Within [] First - \$ 130.00									
	[] First - [] Second -	\$ 65,00			l r		First	- \$ 130.00 - \$ 490.00						
	[] Third -	\$ 555.00			ı r		Third	- \$ 1110.00						
		\$ 865.00			í	í	Fourth	- \$ 1730.00						
	Month After Time Per	riod Set			Ň	onth A	fter Time	Period Set						
[] Less fees (\$) already paid formonth(s) extension of time on														
[]	Please charge my Deposit Account No. 02-4035 in the amount of \$													
[]	Credit card payment authorizing payment in the amount of §													
[]	A check in the amount	of \$	is attach	ed (check no)										
[xx]	To Commissioner is hereby authorized and requested to charge any additional fees which may be required in connection with this application or credit any overpryment to Seposit Account No. 02-4035. This authorization and requests in not limited to payment of all less associated with this communication, including any Extension of Time fee, not covered by check or specific authorization, but also interfeed to include all fees for the presentation of extenditors of ZFR §1.16 and all patient processing fees under 37 CFR §1.17 throughout the prosecution of the classe. This blanket authorization does not include a patient processing fees under 37 CFR §1.17 throughout the prosecution of the classe. This blanket authorization does not include patient issue fees under 37 CFR §1.18.													
								BRO	WDY AND	NE	MARK, P.L.L.	C.		
								Atto	rneys for A	oplica	nt(s)			